## LB000/71 438

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

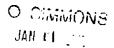
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## COVER LETTER

Division of Corporations				
SUBJECT: Nurney En	Terprises e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Mark Patterson Name of Person	·			
Nurney Enteraises Firm/Company				
1518 Wood Violet Drie Address	ve			
Orlando, FL 32829 City/State and Zip Code	4			
Footsusme Q col. com E-mail address: (to be used for future annu	ial report notification)			
For further information concerning this matter, p	please call:			
Mark Patterson Name of Person	at ( <u>32/</u> ) <u>23//000</u> Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
S25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: $\underline{\hspace{1cm}}$ $\mathcal{N}$	ey Er	iterprises
2. (a)		( 	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1518 Wood VioleTDr	<u> </u>	
	Orlando FL 32824		
_	12/12/2013		13000171638
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Claited States Corporation Registered Agent and Registered Office shown on the records of the		
		1 · · · · · · · · · · · · · · · · · · ·	
	Registered Office Address (MUST BE FLORIDA STREET AL	<del></del> -	پ
	13302 Winding Cak C	ourt F	<del>7</del>
	Tampa .FL	2761	,
	- I way in the	.5501 c	
(b)	Mark Patterson		ćū
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:	 ني د
	NEW Registered Office Address:		
	1518 Wood VioleT D	rive	<del></del>
	Oclando FL	328	24
If the I	imited liability company is not organized under the laws	s of the State of	f Florida, it is hereby confirmed that after
the cha agent v was/w	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered o pility company, the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in
	14		Printed or typed name of signee
Signa	ture of a member or authorized representative of a member	f 1/C	Printed or typed name of signee
provisi the obl to mer notified	hy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	e to act in this erformance of for in Chapter ereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been